

AGENCY REPORT:

Proposed 2008 Plan

- Notes related to **Petition Inpatient Hospice-1** from **Hospice and Palliative Care Cleveland County**
- Notes related to **Petition Inpatient Hospice-2** from **Hospice and Palliative Care Center (Forsyth County)**
- Notes related to **Petition Inpatient Hospice-3** from **Hospice of Gaston County**
- Notes related to **Petition Inpatient Hospice-4** from **Haywood Regional Medical Center Hospice**
- Notes related to **Petition Inpatient Hospice-5** from **Johnston Memorial Hospital Authority**
- Notes related to **Petition Inpatient Hospice-6** from **Angel Hospice and Palliative Care (Macon County)**

REQUEST

Petition Inpatient Hospice-1: Hospice and Palliative Care Cleveland County submitted a petition for four additional hospice inpatient beds in Cleveland County.

Petition Inpatient Hospice-2: Hospice and Palliative Care Center submitted a petition for ten additional hospice inpatient beds in Forsyth County.

Petition Inpatient Hospice-3: Hospice of Gaston County submitted a petition to eliminate the need determination for seven additional inpatient hospice in Gaston County.

Petition Inpatient Hospice-4: Haywood Regional Medical Center Hospice submitted a petition for six hospice inpatient beds in Haywood County.

Petition Inpatient Hospice-5: Johnston Memorial Hospital Authority submitted a petition to reduce the need determination to four hospice inpatient beds rather than eight beds in Johnston County.

Petition Inpatient Hospice-6: Angel Hospice and Palliative Care submitted a petition for six hospice inpatient beds in Macon County.

BACKGROUND INFORMATION

The Proposed 2008 Plan makes single county determinations when the County deficit is 6 or more beds based on the Standard Methodology except for three counties (Columbus, Robeson and Surry) that have high days of care per 1000 population compared to the State average and also have a new hospice inpatient facility, Certificate of Need approved beds or need determinations in prior Plans. The hospice inpatient methodology bases total estimated inpatient days of care on 8% of total estimated days of care; projects inpatient beds based on

85% occupancy; and, adjusts projected beds for occupancy rates of existing facilities that are not at 85% occupancy.

Application of the methodology (excluding the three counties noted above) resulted in need determinations in 6 counties for a total of 43 beds.

Inventory Overview

There are 19 hospice inpatient facilities (155 beds) in the state. If all CON applications and need determinations through the Proposed 2008 Plan were to be approved, the state could have facilities in 43 counties with a total of 460 inpatient hospice beds.

The following table lists, based on the Proposed 2008 Plan, counties with inpatient and residential beds, number of beds, % of county and state deaths served by hospice, and hospice days of care per 1000 population for the county and state.

The table indicates that except for six counties, counties with inpatient and/or residential beds, have higher % of deaths served by Hospice than the state average. The table also indicates that about the same number of counties have higher hospice days of care as have lower days of care compared to the state average.

County/State	# Inpatient Beds	# Residential Beds	% of deaths served by Hospice	Hospice Days of Care per 1000
Alamance	6	6	35.76	236.38
Buncombe	15	12	32.15	236.27
Burke	0	6	33.72	329.68
Cabarrus	0	6	33.26	204.98
Caldwell	6	0	43.67	420.63
Catawba	5	10	47.51	336.98
Cleveland	5	9	38.7	342.2
Cumberland	8	0	25.63	449.25
Forsyth	20	10	35.42	192.46
Guilford	14	14	26.98	250.18
Harnett	7	0	30.76	609.54
Henderson	12	6	55.56	666.47
Iredell	3	6	29.64	218.94
Mecklenburg	8	0	32.9	171.74
New Hanover	12	0	41.65	243.69
Orange	6	0	29.82	154.35
Richmond	0	6	32.06	778.75
Robeson	12	0	26.11	1081.66
Rutherford	4	8	53.88	535.69
Scotland	0	6	50.4	622.52
Union	0	14	31.67	135.74
Wake	6	0	36.3	159.91
Wayne	6	6	26.18	306.75
State	155	125	30.46	280.66

In addition to licensed beds in existing facilities noted in the table above, several counties have beds that are CON approved and are yet to be licensed.

County/State	# Inpatient Beds	# Residential Beds	% of deaths served by Hospice	Hospice Days of Care per 1000
Beaufort	6	0	23.9	469.29
Burke	8	0	33.72	329.68
Cabarrus	6	0	33.26	204.98
Columbus	6	0	33.22	972.49
Davidson	8	4	27.07	210.17
Duplin	3	3	27.03	453.65
Durham	12	0	34.27	186.04
Gaston	6	6	34.24	245.75
Johnston	8	4	27.01	348.71
Mecklenburg	11	5	32.9	171.74
Moore	11	0	35.88	604.35
Pitt	8	0	27.98	235.26
Randolph	6	4	31.22	216.64
Robeson	6	0	26.11	1081.66
Rockingham	3	5	24.71	197.43
Surry	13	7	40.66	982.18
Union	6	6	31.67	135.74
Wake	8	6	36.3	159.91
Wayne	6	6	26.18	306.75
State	141	56	30.46	280.66

Further, as indicated in the following discussion regarding prior plan need determinations, several other counties that are not listed above may be approved to develop hospice inpatient beds in the future. They are: Alamance (2), Bladen (7), Brunswick (7), Caldwell (3), Catawba (6), Cumberland (21), Gaston (7), Harnett (9), Henderson (7), Iredell (6), Johnston (8), Lee (9), Lincoln (6), Nash (6), Richmond (9), Robeson (9), Rowan (7), Rutherford (6), Sampson (10), Scotland (4), Surry (7), and Wilson (8).

2002 Plan.

The 2002 Plan was the first Plan since 1995 to contain a need determination for inpatient hospice beds. The 1995 Plan identified a need for 14 inpatient beds in Forsyth County based on the standard methodology in effect at that time.

The 2002 Plan contained single county need determinations for five counties; Cleveland, Cumberland, Gaston, Richmond and Rutherford counties. The need determinations for Cleveland (two beds) and Rutherford (four beds) were based on adjusted need determinations recommended by the Long-Term Care Committee in response to petitions filed by hospice agencies in these counties. Both Cleveland and Rutherford counties exceeded the state average % deaths served by Hospice and Hospice days of care per 1000 population. Also, the number of beds requested by the petitioners agreed with the deficits identified in the 2002 Plan. The need determinations for Cumberland, Gaston and Richmond counties were based on the Standard Methodology. No CON applications were filed for the Gaston or Richmond need determinations identified in the 2002 Plan.

2003 Plan

The 2003 Plan contained single county need determinations for seven counties. The need determinations for Catawba, Forsyth, Iredell, Mecklenburg and Union counties were based on adjusted need determinations recommended by the Long-Term Care Committee in response to petitions filed by Hospices in these counties. The need determinations for Gaston (6 beds) and Richmond counties (9 beds) were based on the Standard Methodology. No CON applications were filed for the Richmond and Union County need determinations.

All counties (except Iredell) that received adjusted need determinations, exceeded the state average % deaths served by Hospice and two of the five counties exceeded the state average Hospice days of care per 1000 population. Also, with regard to Catawba and Iredell counties, the number of beds requested by the petitioners agreed with the deficits identified in the 2003 Plan. Union County requested four beds, but the adjustment was for 3 beds which was consistent with the deficit identified in the Plan.

With regard to Forsyth County, the committee recommended that the petition for 6 additional beds be approved even though there was a surplus of 2 beds based on the standard methodology. As noted in the Agency Report, the Forsyth County facility had a high utilization rate (approximately 97% occupancy). Also, the facility indicated a daily waiting list of 5-6 patients and that 3,312 inpatient days were denied due to lack of availability to inpatient beds in Forsyth County which would equate to 11.3 additional beds at 80% occupancy. It was also noted that the Forsyth facility served a larger area than just Forsyth County and there was support from the community, hospitals and physicians.

With regard to Mecklenburg County, the petition requested 21 inpatient beds. The eleven beds allocated by the committee was consistent with the standard methodology if the existing unit at Presbyterian Hospital had been at 80% occupancy.

2004 Plan

The 2004 Plan contained single county need determinations for seven counties. The need determinations for Duplin, Henderson and Surry counties were based on adjusted need determinations recommended by the Committee in response to petitions filed by Hospices in these counties. The need determinations for Guilford, Durham, Richmond and Robeson counties were based on the Standard Methodology. No CON applications were filed for the Durham, Richmond, or Robeson county need determinations.

Two of the three counties that received adjusted need determinations, exceeded the state average % deaths served by Hospice and the state average Hospice days of care per 1000 population. Also, with regard to Surry/Yadkin counties, the number of beds requested by the petitioner agreed with the deficits identified in the 2004 Plan.

With regard to Henderson County, the committee recommended that the petition for 6 additional beds be approved even though there was a surplus of 3 beds based on the standard methodology. The petitioner noted inpatient days had been constrained by the limitation on the number of beds (inpatient days decreased from 14.1% in 2000 to 11.8% in 2003). As noted in the Agency Report, the Henderson County facility had a high utilization rate

(approximately 91.5% occupancy). It was also noted that there was support from the hospital, physicians and other hospices.

With regard to Duplin County, the petitioner requested 3 inpatient beds. The committee recommended that there be an adjusted need determination for 3 beds even though the projected deficit was only one bed based on the standard methodology. The petitioner indicated issues related to distance from other inpatient hospice facilities, occasions when beds were not available, broad community support, and availability of funds for the project.

2005 Plan

The 2005 Plan contained single county need determinations for seven counties. The need determinations for Davidson, Pitt, Rockingham and Wake counties were based on adjusted need determinations recommended by the Committee in response to petitions. The need determinations for Cumberland, Harnett and Robeson counties were based on the Standard Methodology. No CON applications were filed for the Cumberland County need determination.

One of the four counties that received adjusted need determinations, exceeded the state average % deaths served by Hospice.

With regard to Pitt County, the committee recommended that the petition for 8 additional beds be approved even though there was a deficit of only 2 beds based on the standard methodology. The petitioner noted a sizeable number of hospital based deaths with diagnoses approved for admission to a hospice inpatient facility, a large service area, lack of inpatient hospice facilities, and the possibility of reducing the cost of care. The petitioner also provided evidence of broad community support and funds pledged for a facility.

With regard to Wake County, the petitioner requested 8 inpatient beds. The eight beds allocated by the committee was consistent with the standard methodology if the existing unit at Rex Hospital had been at 80% occupancy.

With regard to Davidson County, the petitioner requested an adjusted need determination for 6 beds. The committee recommended that there be an adjusted need determination for 4 beds which was consistent with the deficit identified based on the standard methodology. Noted was the level of support for inpatient beds in the County.

Regarding Rockingham County, the petitioner requested an adjusted need determination for 3 beds. The committee recommended that there be an adjusted need determination for 3 beds even though the projected deficit was only two beds based on the standard methodology. Noted was the level of support for inpatient beds in the County.

2006 Plan

The 2006 Plan contained single county need determinations for 18 counties. The need determinations for Davidson, Durham (the standard methodology indicated a need for 7 versus the 12 beds identified in the Plan), Macon and Wayne counties were based on adjusted need determinations recommended by the Committee in response to petitions. The need

determinations for the other counties were based on the Standard Methodology. No CON applications were filed for the Macon County need determination.

One of the four counties that received adjusted need determinations, exceeded the state average % deaths served by Hospice and the state average Hospice days of care per 1000 population.

With regard to Macon County, the committee recommended that the petition for 3 additional beds be approved. The closest facilities were in Buncombe and Henderson counties. Macon County had higher % of deaths served by Hospice and average days of care/1000 population than the State average. The petitioner provided evidence of community support and noted creation of a Foundation to provide financial support.

With regard to Durham County, the petitioner requested a total of 12 inpatient beds rather than the 7 bed need determination identified in the Plan. The Committee recommended approval of the petition. The petitioner provided evidence of community support. It was noted that Durham County had a relatively large population and was the site of an academic medical teaching center. Also noted was the collective projected inpatient beds for the triangle area was 36 while the total number of beds currently licensed or available for CON review was only 27.

With regard to Davidson County, the petitioner requested an adjusted need determination for four beds which was approved by the Committee and was consistent with the deficit identified based on the standard methodology. Noted was the level of support for inpatient beds in the County.

Regarding Wayne County, the petitioner requested an adjusted need determination for 6 beds. The committee recommended that there be an adjusted need determination for 6 beds even though there was a projected surplus of one bed based on the standard methodology. Noted was the high level of utilization of the existing facility and the level of support for additional inpatient beds in the County.

2007 Plan

The 2007 Plan contains single county need determinations for 9 counties. The need determinations for Alamance, Caldwell, Catawba, Iredell, Rutherford and Scotland counties were based on adjusted need determinations recommended by the Committee in response to petitions. The need determinations for the other counties were based on the Standard Methodology. The CON application deadline is September 15 for Catawba, Iredell and Rutherford counties.

Five of the six counties that received adjusted need determinations, exceeded the state average % deaths served by Hospice and four exceeded the state average Hospice days of care per 1000 population.

With regard to Alamance County, the petitioner requested an adjusted need determination for four additional beds. The committee recommended that there be an adjusted need

determination for 2 beds which was consistent with the deficit identified based on the standard methodology. Noted was the level of utilization of hospice services and support for additional beds.

With regard to Caldwell County, the petitioner requested an adjusted need determination for three additional beds which was approved by the Committee and was consistent with the deficit identified based on the standard methodology. Noted was the level of utilization of hospice services and support for additional beds.

With regard to Catawba County, the petitioner requested an adjusted need determination for six, or as an alternative, ten additional hospice inpatient beds. The Committee recommended approval of the petition for six beds. Noted was the level of utilization of hospice services and support for additional beds and the projected deficit of six beds.

With regard to Iredell County, the petitioner requested an adjusted need determination for six additional hospice inpatient beds. The Committee recommended approval of the petition for six beds. Noted was the level of support for additional beds. The plan projected a deficit of five beds.

With regard to Rutherford County, the petitioner requested an adjusted need determination for six additional hospice inpatient beds. The Committee recommended approval of the petition for six beds. Noted was the level of utilization of hospice services and support for additional beds. The plan projected a deficit of three beds.

Regarding Scotland County, the petitioner requested an adjusted need determination for four beds. The committee recommended that there be an adjusted need determination for four beds which was consistent with the deficit identified based on the standard methodology. Noted was the level of utilization of hospice services and the level of support for additional inpatient beds in the County.

Proposed 2008 Plan

The Proposed 2008 Plan identifies need determinations in six counties for a total of 43 beds. The counties are Brunswick, Gaston, Henderson, Johnston, Lincoln and Wilson.

Other

It should be noted that anyone may apply for the beds if it were decided to approve any of the petitions. CON applications could be submitted for a hospital based facility, nursing home based facility or a free-standing facility and the facility could be proposed for development anywhere within a county.

Staff provided copies of the petitions for comment to two organizations that represent hospice: Carolinas Center for Hospice and End of Life Care and the Association for Home and Hospice Care of North Carolina. No written comments were received from either organization as of the date this report was printed.

ANALYSIS OF INDIVIDUAL PETITIONS

Petition Inpatient Hospice-1: Hospice and Palliative Care Cleveland County

The petitioner requests an adjusted need determination for four additional hospice inpatient beds in Cleveland County. The petitioner currently has an inpatient facility, Wendover, in Cleveland County with 5 inpatient and 9 residential beds.

The Proposed 2008 Plan, page 283, identifies a deficit of "4" beds in Cleveland County, and, as a result, does not identify a need determination for new inpatient hospice beds.

Utilization of Existing Hospice Beds

The Cleveland inpatient facility reported 99.9% occupancy on the inpatient beds based on 2007 License Renewal Application information. The previous year the facility reported 100% occupancy. Cleveland County residents accounted for 75% of the days of care at the facility.

Two of the state's existing hospice inpatient facilities are in counties contiguous to Cleveland County; Catawba Valley Hospice House with a 5 bed facility in Catawba County, and Rutherford County's 4 bed Hospice Home facility. Based on 2007 License Renewal Application information, the Catawba facility did not report any days of care from Cleveland County and the Rutherford facility only reported 7 of the total 1,254 days of care from Cleveland County. One other facility reported days of care for Cleveland County, Presbyterian Hospital in Mecklenburg County reported 15 days of care. Based on reported utilization, it does not appear that the petition would have a significant impact on utilization of other facilities.

A Certificate of Need has been issued for the development of a new facility with eight inpatient beds in Burke County and Gaston County has been approved for a six bed facility. Based on the 2007 License Renewal Application for the Cleveland facility, 338 days of care of a total of 1,824 days was reported for Gaston County. Hospice and Palliative Care Cleveland County reported serving patients in Gaston County. Further, the 2007 Plan has a need determination for 6 inpatient beds in Rutherford County and the Proposed 2008 Plan has need determinations for 7 beds in Gaston County and 6 beds in Lincoln County. Based on the 2007 License Renewal Application for the Cleveland facility, no days of care were reported for Lincoln and Rutherford counties.

Other

As indicated in the Proposed 2008 Plan, Cleveland County was higher than the state average % of deaths served by Hospice and the state average days of care/1000 population.

The petitioner indicates a number of patients have not been served and an average of six patients were on the waiting list for admission. The county of residence for the patients is not identified. It is not known to what extent this situation may be addressed by the development of inpatient beds in contiguous counties.

The petitioner provided evidence of community support with numerous letters of support from a variety of sources representing health care providers in the area as well as comments from the public.

Agency Recommendation

The Agency supports the standard methodology. However, the Agency notes the level of utilization of hospice services in Cleveland County and the support for additional inpatient beds. The Agency recommends that the petition be approved for an adjusted need determination in Cleveland County for four inpatient hospice beds. Four beds is consistent with the deficit identified in the Proposed 2008 Plan.

Petition Inpatient Hospice-2: Hospice and Palliative Care Center (Forsyth County)

The petitioner requests an adjusted need determination for ten additional hospice inpatient beds in Forsyth County. The petitioner currently has an inpatient facility, Kate B. Reynolds Hospice House, in Forsyth County with 20 inpatient and 10 residential beds.

The Proposed 2008 Plan, page 283, identifies a surplus of "2" beds in Forsyth County and, as a result, does not identify a need determination for new inpatient hospice beds.

Utilization of Existing Hospice Beds

The Forsyth inpatient facility reported 100% occupancy for the inpatient beds based on 2007 License Renewal Application information. The previous year the facility reported 100% occupancy. Forsyth County residents accounted for 71.7% of the days of care at the facility.

Two of the state's existing hospice inpatient facilities are in a county contiguous to Forsyth County - Beacon Place with 8 beds and Hospice Home at High Point with 6 beds. Both facilities are in Guilford County. Beacon Place reported "0" days of care for Forsyth County and the facility in High Point did not report any days as it had not admitted any patients as of September 30, 2006 based on 2007 License Renewal Application information and no facility outside Forsyth County reported days of care for Forsyth County. Based on reported utilization, it does not appear that the Forsyth petition would have a significant impact on utilization of existing facilities.

Certificates of Need have been issued for the development of a new facility with eight inpatient beds in Davidson County, a three bed facility in Rockingham County and a 13 bed facility in Surry County. Based on the 2007 License Renewal Application for the Forsyth facility, of the total 7,541 days of care, 630 were from Davidson County, 29 were from Rockingham County and 253 were from Surry County. The petitioner reported serving patients in each of these counties. It is not known to what extent development of beds in these contiguous counties may effect utilization of the Forsyth facility.

Other

As indicated in the Proposed 2008 Plan, Forsyth County was higher than the state average % of deaths served by Hospice and lower than the state average days of care/1000 population.

It is interesting to note that if Forsyth County were at the state average days of care/1000 population, there would be a projected deficit of six beds rather than a projected surplus of 2 beds. Based on the days of care reported for the Forsyth facility on the 2007 License Renewal Application, there would need to be 24.3 beds in the Forsyth facility to have an 85% occupancy versus the reported 100+%.

The petitioner notes that 316 persons were not admitted in 2006 to the facility and 269 patients died waiting for a bed. Assuming that 65% of the persons not admitted were from Forsyth County and there was an 11 day average length of stay, there would be a need for approximately 7 additional beds.

The current inventory of licensed and CON approved beds in Forsyth and contiguous counties totals 58. In comparison, the total projected number of beds for these counties is 91. If Davidson, Guilford, Rockingham and Surry counties are subtracted, the total current inventory of licensed and CON approved beds would be 20 (the 20 beds in Forsyth County) and the number of projected beds would be 27 which results in a projected deficit of 7 beds.

As indicated in the background information provided at the beginning of this report, the Committee has recommended allocations of beds when there have been projected surpluses; namely, six beds for Forsyth in the 2003 Plan even with a 2 bed projected surplus and six beds for Henderson County with a projected surplus of 3 beds.

Letters of support were received from Hospice of Randolph County and Hospice of the Piedmont. A letter opposed to the petition was received from Mountain Area Hospice and Palliative Care.

The Agency notes that the petitioner's facility has 20 licensed inpatient beds. It is the largest hospice inpatient facility in the state. A question may be what would be the appropriate maximum size for an inpatient hospice facility? Also, what consideration should be given to geographic access within Forsyth County to inpatient hospice beds?

Agency Recommendation

The Agency supports the standard methodology. However, the Agency notes the level of utilization of hospice services in Forsyth County. Of particular note is that Forsyth County has the fourth highest population in the State and is the site of two regional tertiary care centers one of which is an academic medical teaching center. Both centers support the addition of inpatient beds. Further, if the Committee were to determine it was appropriate to consider the northern Piedmont as an area and the historical utilization of the Forsyth facility in the area, the Committee may consider it reasonable to grant the petitioner's request. If the Committee were to recommend approval of the petition, the Agency suggests that consideration be given to asking CON applicants to demonstrate consideration of facility size and geographic access to the medically underserved in their CON application.

Petition Inpatient Hospice-3: Hospice of Gaston County d/b/a Gaston Hospice

The Proposed 2008 Plan, page 290, identifies a need for 7 additional beds in Gaston County. The petitioner requests that the seven bed need determination for Gaston County be adjusted to a need determination of zero for the 2008 Plan (i.e., there would be no need determination in the Plan for additional hospice inpatient beds in Gaston County). The petitioner received a certificate of need for a facility in Gaston County with 6 inpatient and 6 residential beds.

Utilization of Existing Hospice Beds

The petitioner indicates the hospice facility opened in July 2007. No data was provided on utilization of the facility.

Two of the existing hospice inpatient facilities are in counties contiguous to Gaston County. The facility in Cleveland County, based on 2007 License Renewal Application information, reported a total of 338 days of care from Gaston County of a total of 1,824 days of care. Presbyterian Hospital in Mecklenburg County reported 116 days out of a total of 2215 for Gaston County. The facility in Caldwell County reported 5 days of care for Gaston County. It is also noted that a petition has been submitted to add beds in Cleveland County.

A certificate of need has been issued to develop a new 11 bed facility in Mecklenburg County and the Proposed 2008 Plan contains a need determination for 6 beds in Lincoln County.

Other

The petitioner references the plan methodology being incapable of determining the number of residential days versus inpatient days. The plan methodology does not address residential days nor does it attempt to project residential day utilization. The methodology projects days of inpatient care.

The petitioner notes that it makes more sense to allow the Gaston hospice facility to operate for a period of time and then determine whether additional inpatient beds are needed. However, it is quite possible that it could be 2010 or later before the additional 7 beds would be opened (assuming a certificate of need were applied for and awarded) based on the time table for development. For example, a need determination in the 2003 Plan lead to the development of the Gaston facility and the facility did not open until 2007. If there were to be a need determination in the 2008 Plan, the CON review could be scheduled to begin on December 1, 2008, and if the decision took 150 days and if no one appealed the decision, a Certificate of Need could be issued around May 2009. If new construction were to be involved, the facility may not be operational until 2010. Therefore, the existing Gaston facility could have operated for approximately three years before additional beds were licensed in the county.

The petitioner notes the adjustments made to exclude need determinations for Columbus, Robeson and Surry Counties. However, while it is true that Gaston has a new facility, Gaston has very different days of care/1000. Columbus, Robeson and Surry counties had days of care/1000 that exceeded the state average by over 300%. By comparison, Gaston's days of care/1000 is lower than the state average, 245.75 versus 280.66.

As indicated in the Proposed 2008 Plan, Gaston County was higher than the state average % of deaths served by Hospice.

Agency Recommendation

The Agency supports the standard methodology and is reluctant to recommend elimination of a need determination based on the standard methodology. Therefore, the Agency recommends that the petition be denied.

Petition Inpatient Hospice-4: Home Care Services of Haywood Regional Medical Center

The petitioner requests an adjusted need determination for six hospice inpatient beds in Haywood County. There is no hospice inpatient facility in Haywood County.

The Proposed 2008 Plan, page 284, identifies a deficit of "3" beds in Haywood County and, as a result, does not identify a need determination for new inpatient hospice beds.

Utilization of Existing Hospice Beds

Two of the state's existing hospice inpatient facilities are in counties contiguous to Haywood County; Solace in Buncombe County with 15 inpatient beds and Four Seasons' 12 bed facility in Henderson County. Based on 2007 License Renewal Application information, the Buncombe facility reported 220 days of care of a total of 5575 days from Haywood County and the Henderson facility reported "0" days for Haywood County. The Buncombe facility reported over 100% occupancy last year. Based on reported utilization, it does not appear that the petition would have a significant impact on utilization of existing facilities.

The Proposed 2008 Plan contains a need determination for 7 beds additional beds in Henderson County.

Other

As indicated in the Proposed 2008 Plan, Haywood County was lower than the state average % of deaths served by Hospice and state average days of care/1000 population.

As indicated in the background information provided at the beginning of this report, the Committee has recommended allocations of less than 6 beds and has recommended as few as 3 beds for counties.

Agency Recommendation: The Agency supports the standard methodology. However, the Agency recommends that the petition be approved to the extent that there be an adjusted need determination for Haywood County in the 2008 Plan. The number of beds identified could be as few as three which is consistent with the deficit identified in the Proposed 2008 Plan or as high as six as requested by the petitioner.

Petition Inpatient Hospice-5: Johnston Memorial Hospital Authority

The petitioner requests an adjusted need determination for four additional hospice inpatient beds in Johnston County rather than eight beds. The Proposed 2008 Plan has a need determination for eight additional beds in the county. The petitioner currently has a certificate of need to develop 8 inpatient and 4 residential hospice beds.

Utilization of Existing Hospice Beds

Three of the state's existing hospice inpatient facilities are in counties contiguous to Johnston County; Community Hospice House in Harnett with 7 beds, Rex Hospital in Wake with 6 beds and Kitty Askins Hospice Center in Wayne with 6 beds. Based on 2007 License Renewal Application information, Rex Hospital reported only 65 days of care of a total of 1547 for Johnston County and Kitty Askins reported 215 days of 2181. No other facility reported days of care for Johnston County.

The 2007 Plan has a need determination for 6 beds in Nash County. Further, Certificates of Need have been awarded for development of 8 additional beds in Wake County and 6 additional beds in Wayne County.

Other

As indicated in the Proposed 2008 Plan, Johnston County was lower than the state average % of deaths served by Hospice and higher than the state average days of care/1000 population.

The petitioner proposes that the need determination for Johnston County is overstated. As noted above, Johnston County has higher days of care per thousand (348.71) than the state average (280.66). If the number of inpatient beds projected for Johnston County were based on the State average, there would be a projected deficit of 5 beds ($280.66 * 176642 / 1000 * .08 / 365 / .85 = 12.78$. $12.78 - 8$ CON approved beds = 4.78 bed deficit.) rather than the 8 bed deficit projected in the Proposed 2008 Plan.

Agency Recommendation: The Agency supports the standard methodology. However, the Agency notes the higher days of care/1000 population for Johnston County compared to the State average and the CON issued for 8 beds in Johnston County. Therefore, the Agency recommends that petition be approved and that there be a need determination for 4 beds in the Proposed 2008 Plan for Johnston County. As an alternative, the Committee may wish to recommend that there be a need determination for five beds based on utilization of the State average days of care per thousand.

Petition Inpatient Hospice-6: Angel Hospice and Palliative Care

The petitioner requests an adjusted need determination for six hospice inpatient beds in Macon County. There is no licensed hospice inpatient or residential facility in Macon County.

The Proposed 2008 Plan, page 284, identifies a deficit of "4" beds in Macon County and, as a result, does not identify a need determination for new inpatient hospice beds in the County.

Utilization of Existing Hospice Beds

None of the existing hospice inpatient facilities are in counties contiguous to Macon County and there are no need determinations in the Proposed 2008 Plan for Macon or contiguous counties. Two existing facilities reported days of inpatient care for Macon and contiguous counties. Solace in Buncombe County reported 29 days for Jackson County and 29 days for Macon County and Kirkwood in Caldwell County reported 8 days for Swain County.

Other

As indicated in the Proposed 2008 Plan, Macon County was slightly lower than the state average % of deaths served by Hospice and higher than the state average days of care/1000 population.

The petitioner notes the combined contiguous county deficits for a six county area in the far western portion of the State in which there are no inpatient hospice beds. Based on the Proposed 2008 Plan, the combined deficit within Cherokee, Clay, Graham, Jackson, Macon and Swain counties is "8" with "4" of the "8" being for Macon County and "2" of the "8" being for Jackson County. Based on 2007 License Renewal Application information, within

Macon County, Angel Hospice and Palliative Care provided the majority of hospice care. This is also true of Swain and Graham counties. WestCare Home Health and Hospice, which is located in Jackson County, provided a letter of support for the petition. WestCare provided the majority of care in Jackson County and also provided services in Macon, Swain and Graham Counties.

The petitioner provided evidence of support with numerous letters of support from citizens, clergy, a physician and WestCare. The petitioner also noted donations being received.

Agency Recommendation: The Agency supports the standard methodology. However, the Agency notes the level of utilization of hospice services in Macon County and the support for inpatient beds. The Agency recommends that the petition be approved and that there be an adjusted need determination in Macon County for six inpatient hospice beds.